



SPECIAL EDUCATION STRATEGIST ENDORSEMENT
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 58901 (07-2008)

Social Security Number		Date of Birth		ND Teaching License Number	
Work Telephone Number				Email Address	
Home Telephone Number					
Last Name		First Name		M.I.	Maiden Name
Mailing Address			City		State Zip (9 digit)

Prerequisite: Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education.
Plan on file prerequisite: Applicant must have two years of teaching documented with a letter from administrator; 8 SH of special education strategist coursework; and documented supervision by a special education strategist teacher.
Reeducation Plan: Submit the completed teacher education program of study form. This endorsement will be issued one year at a time up to three years and must be requested by the applicant's administrator.
Endorsement Request and Verification: Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.
Fees: If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.
Timeline: This endorsement must be completed prior to or within three calendar years of your first contracted employment as a special education strategist teacher in ND. Completion of this endorsement does not change your regular license renewal date.

Strategist Program of Study

30 SH of coursework primarily at the graduate level from an approved teacher education program verified through official transcripts.		
Coursework	Completed (SH)	Needed (SH)
Exceptional children and youth		
Transition to adult life		
Assessment, program planning, special needs students		
Introduction to learning and behavior problems		
Inclusive methods		
Behavior management for special needs students		
Collaborative relationships		
Special education law		
Assistive technology		
Advanced assessment		
Advanced methods of SLD		
Advanced methods of ED		
Advanced methods of MR		
Secondary only: Elementary reading methods		
Secondary only: Elementary math methods		
	Total SH	Total SH
SLD Practicum		
ED Practicum		
MR Practicum		
School problems and special education practicum		
Administrator letter (see prerequisite above)		
Strategist name and documentation (see prerequisite above):		
Signature of Applicant		Date
ESPB Review		Date
Executive Director, ESPB		Date
License Code 19155, 19255, 19355, 19455, 19555, 19655	Type of Equivalency 23	Level of Preparation
Plan on File Start Date:	Plan on File Expiration Date:	Plan on File Effective Date:

Submit completed form and \$75 fee to: ESPB, 2718 Gateway Ave, Suite 303, Bismarck ND 58503, (701) 328-9641 office (701) 328-9647 fax



Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card